

REISSUE PATENT APPLICATION TRANSMITTAL

 PTO
 10/634045
 08/01/03

Address to: Assistant Commissioner for Patents Box Reissue Washington, DC 20231	Attorney Docket No.	BD39/15
	First Named Inventor	RITCHIE
	Original Patent Number	6,533,718
	Original Patent Issue Date (Month/Day/Year)	03/18/2003
	Express Mail Label No.	EV 339061763 US

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
 (Check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input checked="" type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Ribbonded Original Patent Grant
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. § 1.175) (PTO/SB/51 or 52)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
6. <input type="checkbox"/> Power of Attorney	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
7. Original U.S. Patent currently assigned? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If Yes, check applicable box(es))	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
<input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	17. Other: <u>Statement of Non-Assignme</u>
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	<u>Offer to Surrender;;</u>
a. <input type="checkbox"/> Computer Readable Form (CRF)	<u>Request Transfer Dwgs</u>
b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper	
c. <input type="checkbox"/> Statements verifying identity of above copies	

18. CORRESPONDENCE ADDRESS

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NAME (Print/Type)	Edward P. Dutkiewicz	Registration No. (Attorney/Agent)	46,676
Signature	<i>Edward P. Dutkiewicz</i>	Date	8-1-03

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

BD39/15

Claims as Filed - Part 1

Claims in Patent	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
			Rate	Fee	Rate	Fee
(A) 5 (C) 2	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 9 (D) 3	**** 0 =	x \$ _____ = 0.00	or	x \$ _____ =
		* 1 =	x \$ 42 =	42.00		x \$ _____ =
Basic Fee (37 CFR 1.16(h))				\$375.00		
Total Filing Fee				\$417.00	OR	\$ _____

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 9	MINUS ** 20	* 0	x \$ 0 =	0.00		x \$ _____ =
Independent Claims (37 CFR 1.16(i))	*** 3	MINUS **** 2	= 1	x \$ 42 =	42.00		x \$ _____ =
Total Additional Fee				\$42.00	OR	\$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.


**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☒ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☐ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. _____.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of \$459.00 _____ to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

8-1-03

Date



Signature of Applicant, Attorney or Agent of Record

Edward P. Dutkiewicz

Typed or printed name

The PTO did not accept the following
 check for \$459.00
 but we did receive \$375.00

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Steven D. Ritchie et al
Reissue of Patent No. 6,533,718
Reissue Application No.: 0 / Group No.:
Filed: Herewith Examiner:
For: SEX AID

Commissioner for Patents
Washington, D.C. 20231

STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES
(37 C.F.R. § 1.173(c))

NOTE: In accordance with 37 C.F.R. § 1.173(c): "Whenever there is an amendment to the claims pursuant to paragraph (b) of this section, there must also be supplied, on pages separate from the pages containing the changes, the status (i.e., pending or canceled), as of the date of the amendment, of all patent claims and of all added claims, and an explanation of the support in the disclosure of the patent for the changes made to the claims."

1. The status of the claims as a result of the amendment submitted herewith is:

Claims cancelled: 0

Claims amended: 0

Claims added: 4

CERTIFICATION UNDER 37 C.F.R. §§ 1.8(a) and 1.10*

(When using Express Mail, the Express Mail label number is mandatory;
Express Mail certification is optional.)

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

- ☒ deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 C.F.R. § 1.8(a)

- ☒ with sufficient postage as first class mail.

37 C.F.R. § 1.10 * *JMC*

- ☒ as "Express Mail Post Office to Addressee"

Mailing Label No. EV 339061763 US (mandatory)

TRANSMISSION

- ☐ facsimile transmitted to the Patent and Trademark Office, (703)

Signature

Date: 8-1-03

JEANNE M. CARRELL

(type or print name of person certifying)


* Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office to Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

2. The support in the disclosure of the patent for the changes made to the claims and for the claims added is as follows:

Support in the disclosure of the patent for the changes made to the claims is in the patent at column 3, lines 60-67 and at column 3, lines 54-59.

☐ Plus ____ additional pages

Date: 8-1-03


SIGNATURE OF PRACTITIONER

Reg. No.: 46,676

Edward P. Dutkiewicz
(type or print name of practitioner)

Customer No.:

P.O. Box 511

P.O. Address

Largo, FL 33779-0511

Practitioner's Dock t No. BD39/15

PATENT

**REQUEST FOR TRANSFER OF DRAWINGS FROM ORIGINAL PATENT
TO REISSUE APPLICATION**

Please transfer the drawings from original patent, 6,533,718, filed on
June 29, 2001, for the invention entitled Sex Aid

to the reissue application, the specification of which:

☒ is attached hereto.

☐ was filed on _____, as reissue application num-
ber /


Signature of practitioner

Date:

Edward P. Dutkiewicz
(type or print name of practitioner)

Reg. No.: 46,676

P.O. Box 511
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Tel. No. 727 586-2570

Customer No.:

Largo, FL 33779-0511

DOCKET NO.: RD39/15
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: RITCHIE, STEVEN D., et al
Serial Number : Reissue of Patent Number 6,533,718
Filed : Herewith
For : SEX AID

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REISSUE APPLICATION BY THE INVENTORS, OFFER TO SURRENDER

The undersigned applicants of the accompanying reissue application for the reissue of letters patent for the improvement in SEX AID Patent Number 6,533,718 granted to them on March 18, 2003, of which they are co-inventors, and which is not assigned, offer to surrender said original patent.



Steven D. Ritchie


Harlie David Reynard

CERTIFICATE OF MAILING

I hereby certify that, on the date shown below, this correspondence is being:

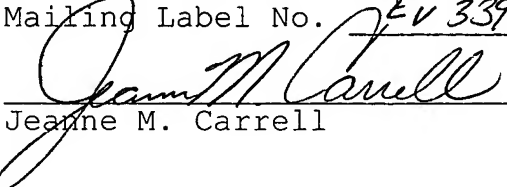
- ☒ deposited with the United States Postal Service in an envelope addressed to Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Date: 8-1-03



Jeanne M. Carrell